General Orders

☐ Transfer donor medical management and all related charges to Wisconsin Donor Network
☐ Provide continuous hemodynamic monitoring
  ▪ CVP, Arterial line if available
  ▪ Continuous pulse oximetry monitoring
  ▪ Noninvasive BP cuff
☐ CPR/PALS for circulatory arrest
☐ Record vital signs, urine output, and rectal temperature q 1 hr
☐ Provide warming or cooling blanket to maintain core temp between 36°C and 38°C
☐ NGT to LIS
☐ Foley catheter to gravity
☐ Notify WDN coordinator if:
  • CVP less than 6 or greater than 12 cm H2O
  • Temp less than 36°C or greater than 38°C
  • Urine output less than 1 ml/kg/hr or greater than 2 ml/kg/hr
  • HR or SBP outside of the normal range for donor age

Laboratory Studies

ALL LABS SHOULD BE SENT STAT

☐ Check the following labs on all donors upon consent. Repeat every 4 hours and prn
  
  ○ Na, K, Cl, CO₂, BUN, Creatinine, Glucose, Calcium, Ionized Calcium, Magnesium, Phosphorus
  ○ CBC with differential
  ○ Total protein, AST, ALT, GGT, Alk Phos, LDH, Total and Direct Bilirubin, Albumin
  ○ PTT, PT/INR
  ○ Lipase, Amylase
  ○ CPK (total and MB fraction), and Troponin
  ○ Lactic Acid (Arterial)

☐ ABG x 1 and prn, repeat ABG 20 minutes after each ventilator change

WDN Coordinator Signature: ____________________________

Christopher Johnson, MD
Medical Director
□ Urinalysis q24 Hrs  
Macrosopic & Microscopic

□ Urine culture  
Blood cultures x 2 (one line draw and one stick)  
Sputum gram stain (STAT) and culture

□ Type and hold 2 units of PRBC (CMV negative)

□ CMV Negative PRBCs, 10 ml/kg up to 50 kg (greater than 50 kg order adult units)

**Respiratory Care**

□ Vent settings:
  - Mode: __________
  - FiO₂%: __________
  - Rate: __________
  - Tidal Volume: __________
  - PEEP: __________

□ Continuous ETCO₂ monitoring

□ Maintain PaO₂ between 90-110 PaCO₂ between 35-45, and pH between 7.35-7.45

□ Place on a heated and humidified circuit

□ Aggressive pulmonary toilet: Turn and suction no less than q 2 hrs

□ Albuterol 2.5 mg by aerosol q 4 hrs and prn

□ Acetylcysteine (Mucomyst) 20% 2 ml by aerosol q 4 hrs prn for thick secretions  
Adjust dose based on size, maximum dose 5 ml.

□ Portable upright CXR STAT and prn
  - Evaluate lungs for transplant, check lines and ETT placement

□ Pulmonary consult for bronchoscopy – discuss with WDN coordinator prior to ordering
  - Evaluate lungs for transplant

□ O₂ challenge:
  - Increase FIO₂ to 100%
  - Adjust PEEP to 5 cm
  - Suction patient well
  - Draw ABG 15 minutes after ventilator changes
  - Return to previous ventilator settings immediately after ABG

WDN Coordinator Signature: ____________________________
Christopher Johnson, MD
Medical Director
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Cardiac Evaluation

☐ 12 Lead EKG
   • Evaluate heart for transplant

☐ Echocardiogram – discuss with WDN coordinator prior to ordering
   • Evaluate heart for transplant

Fluids

☐ Maintenance IVF: ________ with ________ mEq KCl to run at ________ ml/hr
☐ Albumin 5% 5-10 ml/kg prn
☐ Albumin 25% 0.5-1.0 gm/kg prn

Medications

☐ MethylPREDNISolone 15 mg/kg IV q 24 hrs
☐ Hydrocortisone infusion to run at 2 mg/kg/hr x 24 hours
☐ Cefazolin 30 mg/kg IV q 8 hr
☐ Lacrilube Ophthalmic Ointment 1 application in both eyes q 4 hrs
☐ Desmopressin (DDAVP) 0.1 mcg IV prn for Diabetes Insipidus not controlled by Vasopressin,
   maximum dose 1 mcg/day
☐ Naloxone (Narcan) 8 mg IV over 30 minutes for neurogenic pulmonary edema.
   Use only after consultation with WDN coordinator
☐ Vecuronium 0.1 mg/kg IV at the beginning of naloxone infusion and repeat dose in 15 minutes
☐ K⁺ less than 3.5 mg/dl give KCl 1 mEq/kg IV over 2 hrs
☐ K⁺ 3.5 to 4 mg/dl give KCl 0.5 mEq/kg IV over 1 hrs
☐ Ionized Ca²⁺ less than 1.1 mmol/L give 40 mg/kg calcium gluconate
☐ Mg²⁺ less than 1.5 give 40 mg/kg magnesium sulfate IV over 1-2 hrs
☐ Mg²⁺ 1.5 to 1.9 mg/dl give 20 mg/kg magnesium sulfate IV over 1-2 hrs
☐ Phosphorus less than 2.2 mg/dl give 0.25 mEq/kg potassium phosphate
   Every 4.4 mEq K⁺ carries 3 mmol phosphorus
   Give potassium phosphate IV over 2-4 hours

☐ Discontinue all current medications unless listed below:

____________________________________________________
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WDN Coordinator Signature: ________________________________
Christopher Johnson, MD
Medical Director

Revised: 07/26/10
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Continuous Intravenous Drips

- DOPamine Drip: start the infusion at 5 mcg/kg/min.
  Titrate to keep SBP greater than 70 + (2 x years in age).
  Maximum dose: 20 mcg/kg/min

- Vasopressin Drip: start the infusion at 0.3 milli-units/kg/min.
  Use as first line treatment for Diabetes Insipidus not for blood pressure support.
  Maximum dose: 2 milli-units/kg/min

- Epinephrine Drip: start the infusion at 0.1 mcg/kg/min.
  Titrate to keep SBP greater than 70 + (2 x years in age).
  Maximum dose: 1 mcg/kg/min

- Norepinephrine Drip: start the infusion at 0.1 mcg/kg/min.
  Titrate to keep SBP greater than 70 + (2 x years in age).
  Maximum dose: 2 mcg/kg/min

- Tri-iodothyronine (T3) 0.1 mcg/kg IV bolus followed by infusion of tri-iodothyronine (T3) at 0.05 – 0.2 mcg/kg/hr.

- Insulin Drip: start infusion at 0.1 units/kg/hr.
  Titrate to keep blood sugar less than 150.

Other

- Tincture of Iodine 5 ml/500 ml Normal Saline for irrigation, gastric lavage through NG with 50-100 ml for 30 to 45 minutes. Suction and repeat three times. Use only after consultation with WDN coordinator. If unavailable from pharmacy, WDN coordinator will provide.